

Revised 03/06 WDNV

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK**



**FORM TO BE USED IN FILING A CIVIL COMPLAINT IN FEDERAL COURT
(Non-Prisoner Context)**

All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notice for further information.

1. CAPTION OF ACTION

A. Full Name of Plaintiff: *NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application or the only plaintiff to be considered will be the plaintiff who filed an application.*

Brant Harry

-VS-

B. Full Name(s) of Defendant(s) *NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. Add a separate sheet, if necessary.*

1. Erie County Medical Center

2. New York State Office of Mental Health

3. Endeavor Health Services

4. Gokhale Vinayak

5. Zim Harry

6. Noah Dorson

John and Jane Doe 1-12 whos true names are unknown

2. STATEMENT OF JURISDICTION, VENUE and NATURE OF SUIT

*All of these sections **MUST** be answered*

Identify the basis for federal Court jurisdiction over your claim, such as that the United States government is a party to the action, all the parties reside in different states and therefore you claim diversity jurisdiction, or the claim presents a federal question or arises under federal law.

A. Basis of Jurisdiction in Federal Court: Claim

State why the Western District of New York is the proper venue for this action, such as that your claim arises in or the defendant resides in the 17 westernmost counties of New York State.

Pursuant 28 U.S.C. § 133118 - Diversity, U.S. Code § 2255,31 U.S. Code § 3729 - False claims,

B. Reason for Venue in the Western District:

18 US Code § 1621 - Perjury generally and 18 U.S. Code § 1622 - Subornation of perjury the court has subject matter jurisdiction over this case.

Identify the nature of this action, such as that it is a civil rights claim, a personal injury or personal property (tort) claim, a property rights claim, or whatever it is.

C. Nature of Suit: Injunctive relief for Medical Malpractice, Personal Injury, False Claims, Perjury and Subornation of Perjury

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION NOTE: *To list additional plaintiffs, use this format on another sheet of paper.*

Name of First Plaintiff: Brant Harry

Present Address: 171 Tacoma Ave Buffalo NY 14216

Name of Second Plaintiff: United Health Care Services Inc.

Present Address: 9900 Bren Road East Minnetonka, MN 55343

DEFENDANT'S INFORMATION NOTE: *To list additional defendants, use this format on another sheet of paper.*

Name of First Defendant: Erie County Medical Center Corp

Official Position of Defendant (if relevant): _____

Address of Defendant: 462 Grider St Buffalo, NY, 14215

Name of Second Defendant: New York State Office of Mental Health

Official Position of Defendant (if relevant): _____

Address of Defendant: 44 Holland Avenue Albany, New York 12229

Name of Third Defendant: Endeavor Health Services

Official Position of Defendant (if relevant): _____

Address of Defendant: 1526 Walden Ave, Ste 400 Cheektowaga, NY 14225

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

A. Have you begun any other lawsuits in **state or federal court** dealing with **the same facts involved in this action**?

Yes ☐ No ☒

If Yes, complete the next section. NOTE: *If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.*

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION NOTE: *To list additional plaintiffs, use this format on another sheet of paper.*

Name of First Plaintiff: Brant Harry

Present Address: 171 Tacoma Ave Buffalo NY 14216

Name of Second Plaintiff: _____

Present Address: _____

DEFENDANT'S INFORMATION NOTE: *To list additional defendants, use this format on another sheet of paper.*

Name of First Defendant: Gokhale Vinayak

Official Position of Defendant (if relevant): _____

Address of Defendant: 8211 Golden Oak Crcl, Buffalo, NY 14221

Name of Second Defendant: Zim Harry

Official Position of Defendant (if relevant): _____

Address of Defendant: 424 W Barrett St Seattle WA 98119

Name of Third Defendant: Noah Dorson

Official Position of Defendant (if relevant): _____

Address of Defendant: 424 W Barrett St Seattle WA 98119

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

A. Have you begun any other lawsuits in **state or federal court** dealing with **the same facts involved in this action**?

Yes ☐ No ☒

If Yes, complete the next section. NOTE: *If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.*

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION NOTE: *To list additional plaintiffs, use this format on another sheet of paper.*

Name of First Plaintiff: Brant Harry

Present Address: 171 Tacoma Ave Buffalo NY 14216

Name of Second Plaintiff: United Health Care Services Inc.

Present Address: 9900 Bren Road East Minnetonka, MN 55343

DEFENDANT'S INFORMATION NOTE: *To list additional defendants, use this format on another sheet of paper.*

Name of First Defendant: John and Jane Doe 1-12 whos true names are unknown

Official Position of Defendant (if relevant): _____

Address of Defendant: _____

Name of Second Defendant: _____

Official Position of Defendant (if relevant): _____

Address of Defendant: _____

Name of Third Defendant: _____

Official Position of Defendant (if relevant): _____

Address of Defendant: _____

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

A. Have you begun any other lawsuits in **state or federal court** dealing with **the same facts involved in this action**?

Yes ☐ No ☒

If Yes, complete the next section. NOTE: *If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.*

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket or Index Number: _____

4. Name of Judge to whom case was assigned: _____

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes ☐ No ☐

If not, give the approximate date it was resolved. _____

Disposition (check those statements which apply):

☐ Dismissed (check the statement which indicates why it was dismissed):

☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

☐ By court due to your voluntary withdrawal of claim;

☐ Judgment upon motion or after trial entered for

☐ plaintiff

☐ defendant.

5. STATEMENT OF CLAIM

Please note that it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, just tell the story of what happened and do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995).

Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

A. FIRST CLAIM: On (date of the incident) 8/19/21,

defendant (give the **name and (if relevant) the position held of each defendant** involved in this incident) _____

Erie County Medical Center, New York State Office of Mental Health, Endeavor Health Services, Gokhale Vinayak - MD/PHD

did the following to me (*briefly state what each defendant named above did*): _____

ECMC, New York State Office of Mental Health and Endeavor Health Services had broken Mental Hygiene Law - MHY § 9.27, False Imprisonment NY Penal Law § 135.10, PEN § 240.60 Falsely reporting an incident in the first degree, § 120.05, Assault in the second degree by Medication given to me by staff even when I warned them of my condition along with misdiagnosis with Dr. Gokhale abuse of the prescription authorization he kept prescribing medication despite no evidence of mental illness from me Malpractice 22 U.S. Code § 2702 - Malpractice protection. First a cease and desist was sent to social services during the time of prior visits 7/13/21 this indicated that they were not supposed to contact me anymore. Furthermore, the Cease and Desist was violated as they just wanted to help Zim get in contact me when they stated this in their notes) ECMC, New York State Office of Mental Health and Endeavor Health Services violated Mental Hygiene Law - MHY § 9.27(b)(11)(i) involuntary admission on medical certification. Gokhale was convicted by a medical board prior and is currently back under investigation for malpractice and insurance fraud 12/30/2015 BMPC Order No. 15.312. It has been found beyond a reasonable doubt that the information for the court case is perjured and the hospital documentation that was the reasoning of the affidavit at ECMC under Mental Hygiene Law - MHY § 9.27 information was falsified by all individuals who placed an account or testimony (I have multiple videos, 311 complaints, a letter indicating from another doctor that I was not mentally ill, an evaluation done after the visit, witnesses with what they observed is that I was not a danger to the community since I did not have the mental issue on the "Certificate of Examining Physician" - I was not examined by any of the physicians therefore the threshold was not met to diagnosis me. Their procedure for Mental Hygiene Law - MHY § 9.27 is also within question because Mental Hygiene Law - MHY § 9.13 Standard: person has a mental illness for which care & treatment in a mental hospital is appropriate; person is suitable. I then slipped and fell on 8/26/21 injuring his head, neck and back. I did receive an EKG but did not receive an X-Ray along with an MRI even after a doctor ordered it in the hospital and was prescribed a drug rispodol which was suspected to cause the issues being with his pre existing medical conditions and was then lowered only after he was release which did not correlate to the diagnosis showing their where further damages to the treating physicians and staffs malpractice 42 U.S. Code § 11131 - Requiring reports on medical malpractice payments 18 U.S. Code § 2255 - Civil remedy for personal injuries. Since, I had previous visits to ECMC and I did not have issues even with medical note errors it is within my knowledge that his intention is to defraud the hospital, the insurance provider and the state as well. This would need to be remedied by the Commercial Division 8th Judicial Division Judge - Timothy J Walker and have a Motion for Retrial/Mistrial and removing all filings that Vinayak Gokhale on the knowledge that it was done under fraudulent circumstances, this is proven on video and with a phone call to my doctor Christopher Radziwon PHD who has medical records to prove the hospital stay on Day was unwarranted and I have filed with the DFS(Department of Financial Services). Violation of MHL 9.27 Law due to the unauthorized use of medical notes and testimony.

The federal basis for this claim is: _____

18 U.S. Code § 2255 - Civil remedy for personal injuries, 31 U.S. Code § 3729 - False claims, 38 U.S. Code § 7316 - Malpractice and negligence suits: defense by United States

State briefly **exactly** what you want the Court to do for you. *Make no legal arguments and cite no cases or statutes*: _____

ECMC, New York State Office of Mental Health, Endeavor Health Services, Gokhale Vinayak, Zim Harry, Noah Dorson & John and Jane Doe 1-12 whos true names are unknown will need a need to attest to the false claims, malpractice and personal injury as the documents proves them guilty, a demand letter and notes of daily activities in the hospital along with damages and wrongdoings due to malpractice. Along with information and testimony of a doctor Christopher Radziwon Phd at ECMC that knew I was fine, a motion to expunge 811730/2021 In addition the record be destroyed and a motion for summary judgement be placed for consideration immediately. Payment for the demand letter for the amount due \$15,120,410.00 is requested.

B. SECOND CLAIM: On (date of the incident) 8/19/21 _____,

defendant (give the name and (if relevant) position held of each defendant involved in this incident) _____

Zim Harry, Noah Dorson and John and Jane Doe 1-12 whos true names are unknown _____

did the following to me (*briefly state what each defendant named above did*): _____

Motive for John and Jane Doe can come from numerous complaints, claims of mental illness of Mr. Harry from themselves for purely for malice in the past and police reports for them coming over to my property to disturb the quiet enjoyment of Mr. Harry as he does not communicate with them on a continual basis. John and Jane Doe 1-12 have broken the following law because of their testimony indicating that the "they never had a dog" and "Mr Harry is up all hours screaming" - this is from a police report on previous tenants PEN § 240.60 Falsely reporting an incident in the first degree, § 120.05 on 8/19/21 and prior to Crisis Services. Motive for Zim Harry and Noah Dorson can be found as the previous correspondence he had with crisis services months prior with visitations to my house and the pending civil claim and request for return of property in small claims court 21CIV28120KCX which only a portion was return on 8/19/21 I also returned their property a suitcase which he then trespassed on my property to return to the garage/garbage can caught by my security system. 31 U.S. Code § 3729 - False claims, PEN § 240.60 Falsely reporting an incident in the first degree, § 120.05 on 8/19/21 and prior to Crisis Services along incorporating and under oath testifying with said statement during the case at the hospital making it perjury 18 U.S. Code § 1621 - Perjury generally.

The federal basis for this claim is: 31 U.S. Code § 3729 - False claims, 18 U.S. Code § 1621 - Perjury generally.

State briefly **exactly** what you want the Court to do for you. *Make no legal arguments and cite no cases or statutes*: _____

ECMC, New York State Office of Mental Health, Endeavor Health Services, Gokhale Vinayak, Zim Harry, Noah Dorson & John and Jane Doe 1-12 whos true names are unknown will need a need to attest to the false claims, malpractice and personal injury as the documents proves them guilty, a demand letter and notes of daily activities in the hospital along with damages and wrongdoings due to malpractice. Along with information and testimony of a doctor Christopher Radziwon Phd at ECMC that knew I was fine, a motion to expunge 811730/2021 In addition the record be destroyed and a motion for summary judgement be placed for consideration immediately. Payment for the demand letter for the amount due \$15,120,410.00 is requested.

If you have additional claims, use the above format to set them out on additional sheets of paper.

6. SUMMARY OF RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

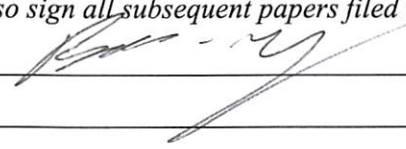
Admission of guilt of all and prosecution of all defendants. Payment of the demand total of \$15,120,410.00

Do you want a **jury trial**? Yes ☒ No ☐

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 4/29/22
(date)

NOTE: *Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.*



Signature(s) of Plaintiff(s)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Brant Harry

(b) County of Residence of First Listed Plaintiff _____

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

Erie County Medical Center, New York State Office of Mental Health, Endeavor Health Services, Gokhale Vinayak, Zim Harry, Noah Dorson and John and Jane Doe 1-12 whos true names are unknown

County of Residence of First Listed Defendant _____

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☒ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|---------------------------------------|---------------------------------------|---|----------------------------|---------------------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input checked="" type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input checked="" type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 INTELLECTUAL PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☐ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
28 U.S.C. § 133118 - Diversity, 38 U.S.C. Code § 7316 - Malpractice and negligence suits: defense by United States, 18 - U.S. Code § 2255, 31 U.S. Code § 3729 - False claims, 18 US Code § 1621 - Perjury generally and 18 U.S. Code § 1622 - Subornation of perjury

Brief description of cause:

Medical Malpractice, Personal Injury, False Claims, Perjury and Subornation of Perjury

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.DEMAND \$
\$24,542,455CHECK YES only if demanded in complaint:
JURY DEMAND: ☐ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE _____

DOCKET NUMBER _____

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

JLS

MAG. JUDGE